

EN — LARRY ROMANOFF: Biological Warfare in Action — Chapter 5 — The WHO – Depopulation is Reality

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Biological Warfare in Action

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5. Chapter 5 – The WHO – Depopulation is Reality

By Larry Romanoff



CONTENT

5.1. Introduction

5.2. And Polio, Too . . .

5.3. And Meningitis . . .

5.4. And EBOLA . . .

5.5. A Chinese “Experiment”?

5.6. Back to Depopulation

5.7. A Successful Genocide

5.8. And Yet More . . .

5.9. Epilogue

5.1. Introduction



Doctors in Kenya have accused UNICEF, the World Health Organization and the Bill and Melinda Gates Foundation of secretly trying to sterilise millions of women in Africa via a tetanus vaccine program. [Source](#)

This qualifies as one of the largest false-flag operations in human history, a story that almost beggars belief but with the facts too clear to refute. It began its life as yet another “conspiracy theory” but soon lost that label because overwhelming and irrefutable evidence was uncovered which moved this series of events from ‘conspiracy’ mode to ‘proven fact’ mode.

The story is not complicated. During the early 1990s, the WHO had organised and been overseeing massive tetanus vaccination campaigns in Nicaragua, Mexico, the Philippines, Tanzania, Nigeria, and a few other countries. Shortly after the initiation of these programs, concerns began to emerge about spontaneous abortions and other complications arising exclusively within the vaccinated populations.

Tetanus is a disease whose onset we often associate with stepping on a rusty nail or similar event. It should be clear that men and children would be at least as likely, if not more likely, to encounter this circumstance than would women, and perhaps careless children more than adults, but the WHO vaccination program was directed only to females from 15 to 45 years of age – in other words, child-bearing ages. In Nicaragua, the targets were females from 12 to 49 years of age. Also, a single tetanus shot is universally accepted as sufficient to provide protection for ten years or more, but the WHO inexplicably insisted on vaccinating these women five times within several months.

Mexico was suspicious of the WHO tetanus campaign because it excluded all males and children and called for injections of the vaccine only in females of child-bearing age, and insisted on the multiple vaccinations. Based on its suspicions, Mexico had vials of the tetanus vaccine analyzed, and it was discovered the WHO's "tetanus" vaccine contained the Human chorionic gonadotrophin (hCG) hormone.

This hormone is critical to the female body during pregnancy. It causes the release of other hormones that prepare the uterine lining for the implantation of the fertilised egg. Without it, a woman's body is unable to sustain a pregnancy and the fetus will be aborted. This hormone was injected into the subjects along with the tetanus serum, causing a female body to then recognise both as foreign agents and to develop antibodies to destroy either if they were to ever appear in the body in the future. Upon becoming pregnant, a woman's body would fail to recognize hCG as a friend and would produce anti-hCG antibodies, the prior vaccination now inducing her body's immune system to attack the hormone that is needed to bring an unborn child to term, preventing subsequent pregnancies by killing the hCG which is necessary to sustain them. This means each woman who received the WHO tetanus inoculation was vaccinated not only against tetanus but also against pregnancy. [\[1\]](#) [\[2\]](#) [\[3\]](#)

Washington Calling

Mexico, belatedly, is trying to defuse the population bomb

By Marquis Childs

MEXICO CITY

BENEATH the solid economic progress the neighbor to the south of the United States has made in recent decades is a time bomb ticking inexorably on. The net population increase of 3.3 per cent, one of the highest in the world, means a doubling every 20 years, with a projected total of 130,000,000 by the end of the century. The present population is about 54,000,000.

Evidence of the threat of this explosion was a recent statement signed by 80 Roman Catholic bishops which, in effect, supported the government program of birth control. That program is an emergency drive to try to get the rate of increase down as rapidly as possible.

BEGINNING with the first of the year the government opened 18 family planning clinics, 10 in Mexico City. Personnel to staff them have been training for many months. International Planned Parenthood has 52 clinics in operation.

A program much wider in scope is being initiated by the Mexican Social Security agency. Hospitals all over the country are introducing family planning and providing varied means of birth control free of charge. The hope is that a nationwide system will quickly take hold.

The statement by the Catholic bishops urged to avoid any gains

Note that Mexico resisted population control policies, but the World Bank "insisted the country do something to cut down its population growth."

Source

The Mexican authorities immediately notified representatives in more than 60 countries, and it was discovered that **similar tetanus vaccines laced with hCG were used in the other countries as well.** When this information became public, the WHO at first denied the facts and disparaged the results of the initial tests, assuming an offensive and repugnant stand, mocking and ridiculing the nations that had performed the tests and revealed the contamination, condemning them as incompetent, having "unsuitable" testing laboratories, and using improper samples or procedures. WHO officials claimed these nations had "Not the right kind of

lab to do the test. The labs know only how to test urine samples . . ." Then, in the face of repeated similar discoveries, the WHO finally admitted that "perhaps" "a small percentage" of the vaccines had been "contaminated" with hCG, but stated that it was "harmless". When Nigeria discovered the same hormone in the vaccine, Nigerian physicians reported that WHO doctors assured them the hCG hormone "would have no effect on human reproduction" – statements that they knew to be false.

This is the standard response by Western agencies, governments, and corporations, when caught with adulterated products. When Coca-Cola's drinks in China were found to contain frightening levels of pesticides and chlorine, the immediate accusation was that China's biological laboratories were all incompetent. When Nestle's noodles in India were found to contain dangerously toxic amounts of lead, India's laboratories were all incompetent. The next step is to carefully produce a few samples known to be uncontaminated, provide them to an "independent" laboratory that inevitably pronounces them clean, then move the story off the front page.

However, following this revelation, and the WHO's admission of "contamination", each nation had extensive tests conducted by expert independent labs, and in all cases the hCG hormone was identified as existing in the tetanus vaccination serum. **The WHO eventually went silent and discontinued their program, but by this time about 150 million women had been vaccinated – and rendered sterile.**



One important fact is that **the three different brands of tetanus vaccine being used in this project were developed, produced, and distributed in secrecy and that none had ever been tested or licensed for use, sale, or distribution, anywhere in the world.** The companies that produced them were the **Rothschild-owned Connaught Laboratories in Canada, Intervex from Canada, and Australia's CSL Laboratories.** Connaught is the same firm that, along with the Canadian Red Cross, knowingly distributed AIDS-contaminated blood products for several years during the 1980s, a criminal organisation that should have been executed along with its owners. You can read the essay, "[Canada's Tainted Blood](#)". [\[4\]](#) Following its outstanding criminal history in Canada, Connaught was sold to Rothschild and now forms part of his Sanofi Group, the criminality clearly continuing and now on a worldwide scale.

Further damning evidence that the Western media censored, was the fact that the WHO had been actively involved for more than 20 years prior in the development of an anti-fertility vaccine utilizing hCG tied to tetanus toxoid as a carrier – precisely the same combination as in these vaccines. According to the WHO's own reports, they had spent 20 years and more than \$400 million on this specific sterilisation research. More than 20 research articles have been written on this subject, many of these by the WHO itself, that document in detail the WHO's attempts to create an anti-fertility vaccine utilizing tetanus toxoid.

PubMed reported that in 1972 the WHO established a special “**Task Force on Vaccines for Fertility Regulation**” (read sterilisation), which consisted of “international, multidisciplinary groups of scientists and clinicians collaborating in research” on the specific goal of [finding] “**substances capable of mounting antifertility responses in women**“. And again, “Over the past 18 years, the **WHO Task Force on Vaccines for Fertility Regulation** has been supporting basic and clinical research on the development of birth control vaccines...” [5] You can't be more clear than that.

I examined carefully the WHO website and discovered more than a dozen articles written by WHO researchers, documenting in detail the WHO's attempts to create an anti-fertility vaccine utilizing tetanus toxoid as a carrier. One need only search the WHO website for hCG to find the reports. Some leading articles included:

“Clinical profile and Toxicology Studies on Four Women Immunized with Pr-B-hCG-TT,” Contraception, February, 1976, pp. 253-268.

“Observations on the antigenicity and clinical effects of a candidate antipregnancy vaccine: B-subunit of human chorionic gonadotropin linked to tetanus toxoid,” Fertility and Sterility, October 1980, pp. 328-335.

“Anti-hCG Vaccines are in Clinical Trials,” Scandinavian Journal of Immunology, Vol. 36, 1992, pp. 123-126.

Europe PubMedCentral published articles specifically on the antigenicity effects of hCG in tetanus toxoid. For those who don't know, “antigenicity” is the capacity of a substance to produce an immune response, in this case whether the

hCG in the vaccination would be sufficient to render females “immune” to pregnancy:

“Observations on the antigenicity and clinical effects of a candidate antipregnancy vaccine: B-subunit of human chorionic gonadotropin linked to tetanus toxoid,” *Fertility and Sterility*, October 1980, pp. 328-335. And: “Observations on the antigenicity and clinical effects of a candidate antipregnancy vaccine: beta-subunit of **human chorionic gonadotropin linked to tetanus toxoid**. [6]

The Lancet published “**Phase 1 Clinical Trials of a World Health Organisation Birth Control Vaccine**” June 11 1988, pp. 1295-1298. “Vaccines for Fertility Regulation,” Chapter 11, pp. 177-198, *Research in Human Reproduction, Biennial Report (1986-1987)*, WHO Special Programme of Research, Development and Research Training in Human Reproduction (WHO, Geneva 1988). [7]

The US NCBI published an article essentially boasting of “**A vaccine that prevents pregnancy in women**“. [8] The Lancet published records of a WHO “Phase 1 Clinical trials of this same vaccine, [9] the NCBI doing the same. [10] Europe PubMed Central published another article confirming the success of the trials. [11] PubMed also published a review of three such vaccines developed, which displayed “**progressively better attributes**” in sterilising women, stating that **the clinical trials proved the “effective prevention of pregnancy”** in sexually active women of proven fertility. [12]

Worthy of note is that **both the WHO and these august medical journals told one huge lie**. According to PubMed, “**clinical trials have proven ... the reversibility of the anti-hCG vaccine(s) in women**”. Europe PubMed Central stated that “the vaccine prevents pregnancy” but that **clinical trials “indicated the reversibility”** of these vaccines. (See references 4 and 5). **However, what they didn’t mention was that the “reversibility” resulted merely from the immunisation naturally wearing off after a period of time, and that this was for a single vaccination. They didn’t mention that the reason for the 5 injections was to make all females permanently “immune” to pregnancy.**

INFERTILITY: A DIABOLICAL AGENDA

DIRECTED BY ANDY WAKEFIELD EXECUTIVE PRODUCER ROBERT F. KENNEDY, JR.



The WHO has been in the depopulation business for decades. [Source](#)

As early as 1978, the WHO was actively exploring ways to eradicate much of the population of the Third World. A paper published by the WHO [13] was titled, “Evaluating ... placental antigen vaccines for fertility regulation”. The paper acknowledged “substantial progress” in its worldwide eugenics program of culling non-whites, but yet identified “an urgent need for a greater variety of methods” of preventing fertility, and gushed over the fact that “immunisation as a prophylactic measure is now so widely accepted”, that the employment of sterilisation vaccines would be widely appealing (to those dispensing the vaccines) and would offer “great ease of delivery”.

If that isn’t clear, the WHO is saying that vaccinations for other purposes – protection against diseases – are so common and widely-accepted, that inoculation is probably the easiest way to sterilise the populations of undeveloped countries. The paper then notes the accumulation of evidence that “there exist proteins specific to the reproductive system” which “could be blocked” by vaccinations and provide a new method of “fertility regulation”. Among the stated advantages of a sterilisation vaccine is that it could prevent or disrupt implantation of the fertilised egg onto the uterus wall, and thereby guarantee that every conception would result in a miscarriage or spontaneous abortion, i.e., an anti-hCG vaccine. The paper continues:

“Testing ... will reveal whether a single injection is sufficient to achieve the desired level of immunization, or whether several boosting injections will be required. The main desired effect is to achieve a degree of immunization sufficient to: (a) neutralize the hormonal activity of hCG in vivo; and (b) prevent or disrupt implantation at a very early stage of pregnancy. It is not yet established whether immunization with the β hCG peptide conjugate will cause an irreversible biological neutralization of hCG ... This will probably vary from individual to individual. In the first case, the indication for immunization will be restricted to sterilization, whereas in the second eventuality ... immunization may be considered as a long-lasting but reversible anti-fertility measure.”

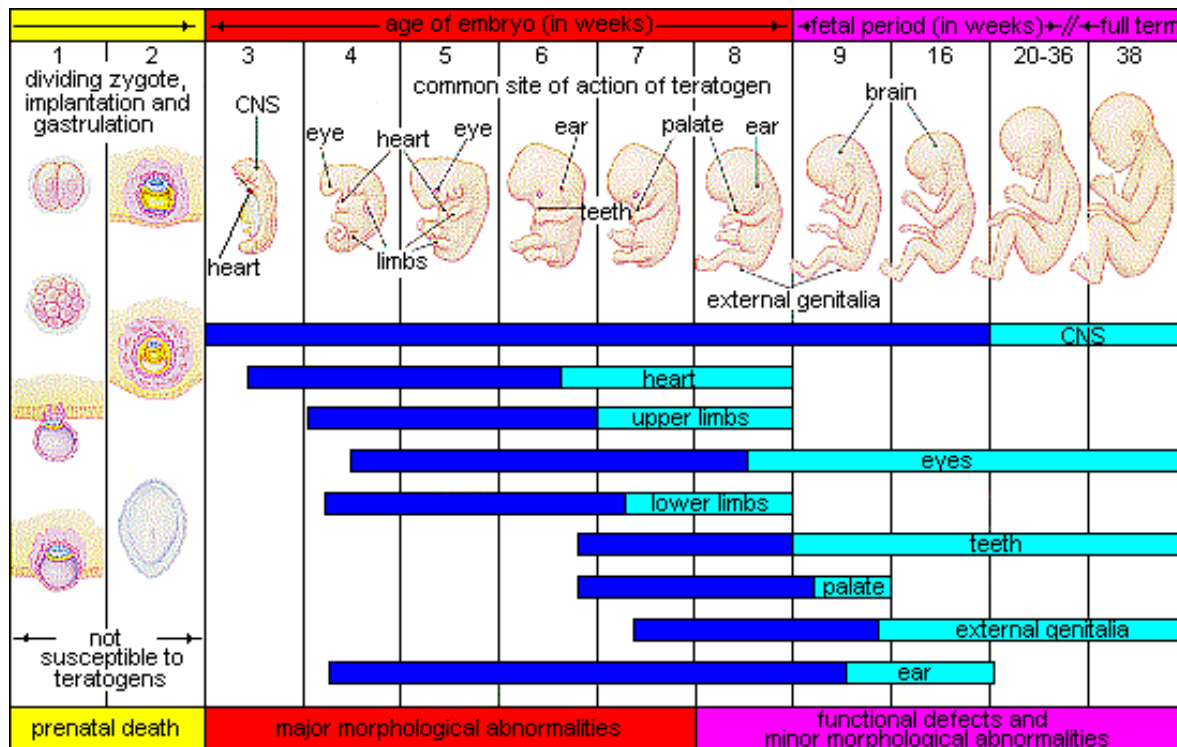
On August 17-18, 1992, the WHO produced a report titled **“Fertility Regulating Vaccines”**, resulting from a large meeting in Geneva of scientists and ‘women’s health advocates’ “to review the current status of the development of fertility regulating vaccines.” The meeting was from a joint Special Program of research in reproduction of the UNDP, UNFPA, the WHO and the World Bank. The report stated, “... applied research on FRV’s (fertility-regulating vaccines) has been going on for more than twenty years ...”, and discussed not only the anti-hCG vaccines already receiving clinical trials, but the development of other vaccines such as an anti-GnRH vaccine that would extend the temporary infertility due to breast-feeding.

Even more chilling is that one WHO report – still on their website – discusses the certainty of the vaccinations causing spontaneous abortions since some significant number of the inoculated females would be pregnant at the time of vaccination. The report offers no commentary on this. It was clear the WHO had no intention of performing pregnancy tests prior to administering the vaccines, thus coldly accepting the fact that they would be killing at least some millions of unborn fetuses.

This vaccine was also being field-tested at the time, with the possible intention of employing both antigens in the same vaccine on the assumption that a single vaccine might not sterilise all victims. They recognised the dangers of administering such a vaccine to women who were already pregnant, and expressed awareness the antibodies would almost certainly be present in the milk and might therefore render the infants permanently sterile as well – with the

massive understatement that this “might not be acceptable to all potential users ...”

From the outset, WHO planners realised that during mass vaccinations, many pregnant women would also be inoculated with the anti-hCG serum, which would inevitably result not only in sterilisation, miscarriages and spontaneous abortions but also incurable autoimmune disorders and birth defects.



***Critical Periods of Prenatal Development.** This image summarizes the three developmental periods in prenatal development. The blue images indicate where major development is happening and the aqua indicate where refinement is happening. As shown, the majority of organs are particularly susceptible during the embryonic period. The central nervous system still continues to develop in major ways through the fetal period as well. [Source](#)*

The same paper went on to state, “In addition to women being immunized inadvertently during an established pregnancy, fetuses could be exposed to potential teratological effects of immunization ...”. In other words, WHO staff would freely inoculate pregnant women, those embryos or fetuses not spontaneously aborting would experience pathological growth from which would result various undefined birth defects.

The WHO was not researching 'reproductive health', but reproductive impossibility, and their tetanus-hCG vaccine is not in any sense 'regulating' the fertility of women but rendering their fertility biologically impossible, which is not quite the same thing. Their own paper stated the vaccination likely "will cause an irreversible biological neutralization of hCG", which means the permanent sterilisation of innocent women who agreed to receive tetanus shots.

Try to understand what this means: the WHO was for decades receiving hundreds of millions of dollars in funding (largely through Bill Gates) for research and testing, to produce a vaccine that would make a woman's immune system attack and destroy her own babies in the womb, a vaccine they would surreptitiously combine with a tetanus vaccination without informing the victims. To say their deceit was successful would be an understatement. The WHO inoculated approximately 150 million women in 52 countries with this vaccine, permanently sterilising the entire lot of them without their knowledge or consent.

To recap:

It was only when an enormous number of women in all countries experienced vaginal bleeding and miscarriages immediately after the vaccinations, that the hormone additive was discovered as the cause. **Suspensions were aroused when the WHO selected only females of child-bearing age and further specified the unheard-of practice of five multiple injections over a three-month period**, but the health officials in these undeveloped countries still had faith in the white man's medicine.

When the discovery of the hCG was made, many nations enacted immediate **legal restraining orders against WHO and UNICEF vaccine programs**. WHO and UNICEF officials said the "grave allegations" were "not backed up by evidence", which was nonsense. UNICEF, USAID and the WHO refused to address the evidence like vaginal bleeding, miscarriages and spontaneous abortions. They also refused to discuss the reasons for a series of five closely-spaced vaccinations **when one had always been sufficient for tetanus**, ignoring the content of their own published papers stating that multiple injections of a tetanus-hCG vaccine would be necessary for effective sterilisation.

When faced with documented results, WHO officials admitted the hormone did indeed exist “in small amounts” in “some” of the vaccine material, but that this was an inconsequential result of “accidental contamination”. **Nobody at the WHO attempted to explain the source of the hCG hormone in sufficient volume to contaminate about 750 million doses of a vaccine, nor how that “contamination” could “accidentally” have inserted itself into all those vaccines.** Anyone familiar with large-scale vaccine or drug manufacture knows that the process is mechanical and fully-automated, essentially a closed system. **It is not possible in such an environment to introduce contaminants of any kind, unless done deliberately. And the amount of hCG necessary to contaminate 750 million doses of a vaccine would have to consist of tens of thousands of liters, hardly ‘small amounts’.**

The Lancet reported that the US National Institute of Health supplied much of the hCG hormone for WHO experiments and testing. For the NIH to have submitted this amount of hormone to Canada, where Connaught’s labs are located, would absolutely have attracted the attention of Canada’s customs officials and thus Canada’s national government, **which has to mean that Canada was fully aware of what was happening, and why. Let me state again that this vaccine was created surreptitiously, was never declared, was never tested, and was never approved for use on humans.**

The WHO went silent for a while, but in 2015, Vatican Radio charged that the UN organisations WHO and UNICEF were again executing vast international programs of depopulating the earth by using vaccines to surreptitiously sterilise women in Third World countries, this time in Kenya. It stated that “Catholic Bishops in Kenya have been opposed to the nationwide Tetanus Vaccination Campaign targeting 2.3 million Kenyan women and girls of reproductive age between 15-49 years, terming the campaign a secret government plan to sterilize women and control population growth”. [\[14\]](#) In May of 2018, it was reported that fertility-regulating vaccines were being used in India. [\[15\]](#)

The media were too busy at the time telling us of the evils of Iran, to notice the small issue of Rothschild manufacturing 750 million doses of a vaccine meant to sterilise 150 million women. As I’ve often mentioned elsewhere, the Western (Jewish) media are excessively fond of demonising Hitler, but Hitler didn’t sterilise 150 million Jews without their knowledge or consent. Yet Rothschild (a

Jew) produced the vaccine to sterilise 150 million women without their knowledge, so where is the moral outrage against the Jews?

5.2. And Polio, Too . . .



Polio workers hold up a banner during a 5-day campaign to vaccinate 2.6 million children in Kenya in July 2019. ©WHO/Kenya. Source

Something similar is true for polio. Few people are aware that polio cases in the world today no longer result from any natural spread of the disease but are now the result of WHO vaccination campaigns. [16] The WHO's cheap and easily-administered oral polio vaccines have proven responsible for the increasing recurrence of polio in many countries. An independent medical group tasked with monitoring these events, wrote that polio [because of the WHO practices] was "spreading uncontrolled in West Africa, bursting geographical boundaries and raising fundamental questions . . ." It further described the WHO's attitude toward terminating this pandemic of vaccine-caused polio cases as "relaxed". I might have used a stronger term.



Banned in Western countries and Israel, the oral polio vaccine is not trusted in poor countries and is often met with resistance among parents in places like Pakistan and Afghanistan where they are forced upon the population at gunpoint. Photo by Asif Hassan/ AFP. [Source](#)

In 2009, there was a spreading outbreak of Polio in Nigeria, a direct result of yet another WHO vaccination program, this time directly linked to the vaccine which was made from a live polio virus which always carries a risk of causing polio instead of protecting against it – as the Americans learned to their chagrin many years ago. Today in the West, polio vaccines are made from a killed virus that cannot cause polio. This latest WHO-sponsored outbreak actually began several years prior, which the WHO blamed on the live virus in their vaccines that had somehow “mutated”. So once again, the WHO is causing polio in the undeveloped world, amid evidence that for every case of identified polio there are hundreds of other children who don’t develop the disease but remain carriers and pass it on to others. It has long been recognised that the live oral vaccine used by the WHO can easily cause the very epidemics it pretends to be eliminating. Of course there is no published evidence that the polio virus had in fact “mutated”. The same occurred in Kenya, this time using the hCG hormone tied to polio vaccinations, with the same tragic results but with the added benefit of permanently sterilising the survivors. [\[17\]](#)



Syrian health workers administer polio vaccination to a girl at a school in Damascus, in this file photo taken by Syria's national news agency SANA on October 20, 2013. (REUTERS/SANA/Handout). Source

In late 2013, **Syria experienced a sudden outbreak of polio**, the first in that country in about 20 years, and in an area that had been under the control of US-backed revolutionary mercenaries. The Syrian government claimed to have evidence that these foreigners brought the disease into the country from Pakistan, from Western (US) agencies. **The WHO was active in Pakistan in yet another of its “humanitarian vaccination programs” that strangely coincided in geographic area with a severe outbreak of polio**, and Syrian authorities were adamant that the West transmitted it to their nation when 1.7 million doses of polio vaccine were purchased by UNICEF, in spite of the fact that no cases of polio had been seen since 1999. **After the mass vaccination program started, cases of polio began to reappear in Syria.**

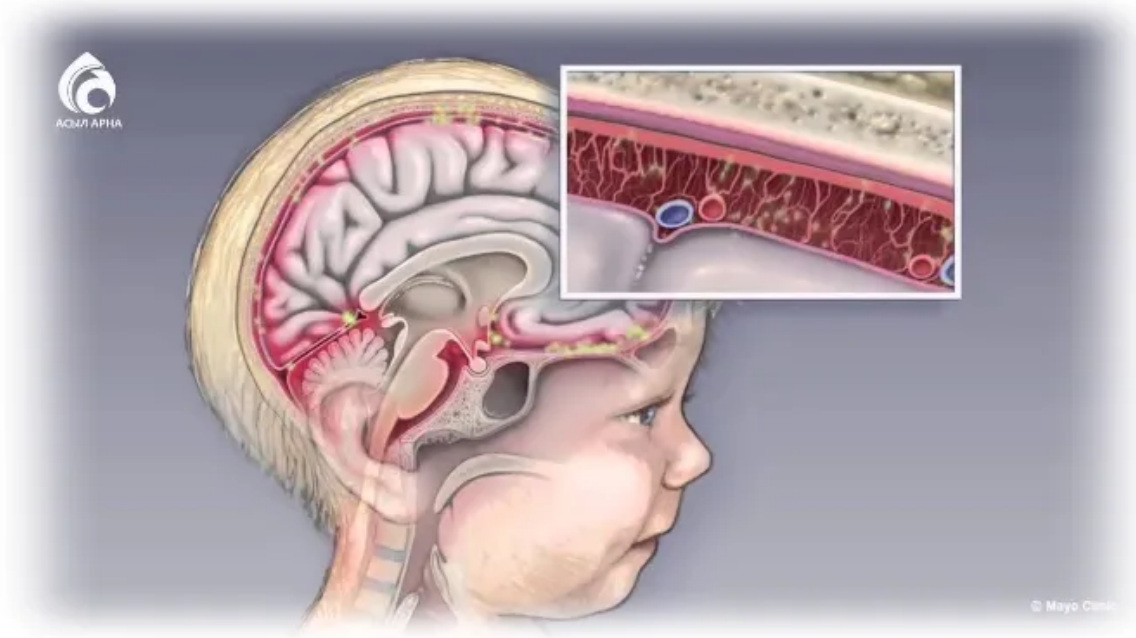


It all began when French pharmaceutical firm Sanofi Pasteur released a statement in November 2017 that its new dengue vaccine, Denvaxia, posed a risk of more severe dengue for people who have not been previously infected by the virus. It led to a congressional investigation into the deaths of 600 children who had received the vaccine and a dramatic drop in public confidence about all vaccines, including measles and polio. [Source](#)

UNICEF began a similar mass vaccination program with 500,000 doses of live oral polio vaccine in the Philippines in spite of the fact there were no reported cases of polio in the Philippines since 1993. This would fit the pattern from other instances of sudden disease emergencies. I have not managed yet to reconstruct the WHO's vaccination and other programs in all locations, but sudden outbreaks of viruses are always suspicious since they cannot be created from nothing and must be introduced into a population, and with surprising regularity appear on the heels of some WHO vaccination program. The sudden and inexplicable appearance of the Bubonic plague in Peru and Madagascar are two such events and, increasingly often, the pathogens do not appear to be natural in origin. In particular, the SARS-related camel virus in the Middle East had some obvious signs of human engineering as did the SARS coronavirus itself. There are many other such cases which are far too often linked with the presence of some

program of the WHO. In the cases I have identified, it is uncanny that the outbreaks of all these new diseases appear to follow immediately upon yet another WHO vaccination campaign, and inevitably in the precise geographical locations of the WHO activities.

5.3. And Meningitis . . .



In 1996 Pfizer developed a new antibiotic called Trovan to treat a variety of infections – meningitis being one example. Many of these new antibiotics are very powerful and with side effects that normally make them too dangerous to use for children, often causing permanent liver damage, joint disease and many other debilitating complications. Inexplicably, Pfizer decided to perform test trials on infants. However, Pfizer had the standard problem that FDA certification in the US required clinical trials on humans, and these are almost impossible to conduct in developed countries because no parents are willing to allow their children to take part in such risky clinical trials, to say nothing of the lawsuits resulting from trials gone bad. Therefore, these pharma companies tend almost universally to take their trials to poor countries in Africa, Asia and South America where the laws are unprepared and the people don't understand the risks of untested and unapproved drugs. The American (and European) pharma companies therefore transformed the developing world into an enormous test laboratory that carries no financial liability.

As luck would have it, at precisely the moment when Pfizer was ready to commence clinical trials of this new drug, Nigeria was suddenly and inexplicably hit with one of the worst meningitis epidemics in history. And of course, Pfizer was there to conduct a reprehensible clinical trial for its new medication, on a group of victims unlikely to complain. Pfizer gathered a trial group and a control group, giving one group Pfizer's new medication and a competitor's product to the other. After experimenting on about 200 victims, they gathered their test information and left.



Anas Mustapha, one of the children given the experimental drug Trovan, pictured in 2007. Photograph: George Osodi/AP. Source

That would have been the end, except that a controversy erupted soon after about the relationship between Pfizer's need for test trials and the meningitis outbreak. As it happened, the WHO was in Nigeria immediately prior to that time on another of its "life-saving" vaccination programs, this time for polio, and the timing and location of the meningitis outbreak apparently matched perfectly the WHO's polio vaccination program. And of course, it perfectly matched Pfizer's need for large numbers of test subjects. There were lawsuits and payments, accusations and denials, but to this day Nigeria refuses WHO entry into the country and will not participate in any further "humanitarian" aid from the UN or the WHO.

We cannot definitively say that the WHO deliberately created the meningitis epidemic for the benefit of Pfizer's tests, but it's the only theory that fits all the known facts and it's the kind of thing the WHO appears to do on a regular basis.

The NCBI revealed a "secret report" showing that Pfizer was at fault in the Nigerian drug tests. [18] A website on the **History of Vaccines** reported on the Origins of Vaccine Hesitancy, attributing this to Pfizer's abominable experiment. [19] The **UK Guardian** [20] and **Science Magazine** [21] reported on the lawsuits by Nigerian families, and the **Washington Post** reported on permanent fears in the country about any vaccine rollouts. [22]

5.4. And EBOLA . . .



There were reports of the **Ebola virus** emerging simultaneously in several African countries in the middle of 2014. It was surprising to learn that the variety of Ebola that appeared was “an especially powerful mutated strain that had no apparent natural origin and immediately raised questions in many minds of having been engineered.” This caught my attention because the circumstances seemed so familiar – (a) a sudden, inexplicable outbreak of a new, unusual, and deadly disease, (b) in dispersed but focused locations, (c) with nobody searching for the origin, (d) claims that the virus was primarily race-specific, affecting primarily Africans, and (e) the WHO once again in full attendance. Several physicians wrote an article titled, “There is no natural disease called Ebola”, and

the **Wall Street Journal** ran an interesting article titled, “Scientists Search For Human Hand Behind Jungle Virus”. [23]

I managed to locate some records of the WHO’s vaccination programs for the countries in Africa where this Ebola virus erupted, and was not surprised to learn of the correlation with WHO inoculations since there has been a good correlation with other similar incidents to date. [24]



Dr Cyril E. Broderick points an accusing finger at the United States for the outbreak of Ebola. The sprawling haemorrhagic virus has killed close to 3,000 and infected close to 6,000 in West Africa since March this year. The countries seriously affected are Liberia, Sierra Leone, Guinea, Nigeria, DR Congo and Senegal. He says Ebola, a genetically modified organism (GMO), is a biological weapon of mass destruction, just like AIDS. Source

Dr. Cyril Broderick, a former Liberian professor of plant pathology on tenure at Delaware University in the US, wrote an article claiming that the Ebola virus raging in western Africa was a GMO, made in a lab by western pharmaceutical companies and administered to unsuspecting civilians through UN vaccination programs. Of course, the Washington Post called it a “wild conspiracy theory”, but there was a basis to his claims. Organizations implicated were the WHO, Médecins sans frontières, UNICEF, the US CDC and NIH, and USAMRIID. Links to the L’Oréal group, owned by The Rothschilds, and the Bill & Melinda Gates Foundation were also implicated. [25] According to Dr. Broderick, Fort Detrick was known as “the EBOLA building” over thirty years ago, and went so far as to claim there is sufficient evidence and clearly “the need to pursue criminal and civil redress for damages”, against the US government, Tulane University, the WHO, and at least one pharma company.



Dr. Broderick's claims are solidly backed up by **Yoichi Shimatsu**, a Thailand-based science writer who pointed out that **the Ebola outbreak coincided exactly with UN vaccination programs in West Africa**, and he named some very high-profile players. He said the reason for suspecting a vaccine campaign rather than an individual carrier is due to the fact that the EBOLA contagion did not start at a single geographic center and then spread outward along the roads. Instead, simultaneous outbreaks of multiple cases occurred in widely separated parts of rural Guinea. Shimatsu noted what he calls "**the strange coincidence of the earliest breakout in Guinea with major vaccine campaigns conducted by the WHO and UNICEF**." [These involved] a cholera oral vaccine effort by Médecins Sans Frontières under the WHO, and UNICEF-funded prevention programs against meningitis and polio." Shimatsu wrote, "**How one of the deadliest viral strains in human history could have jumped a distance of 4,000 kilometers undetected from Central to West Africa defies logic**", and I would certainly have to agree with his assessment. [\[26\]](#) [\[27\]](#) I covered the EBOLA outbreak in some detail here. [\[28\]](#)



Anthony Lake was National Security Advisor to President Bill Clinton responsible for US military interventions, including: the Bosnia-Herzegovina war against the Yugoslav federation; the Battle of Mogadishu in Somalia better known as “Blackhawk Down”; and Operation Uphold Democracy in Haiti. An ardent Zionist converted to Judaism, he is the perfect boss to dispense risky vaccines in Muslim-majority Guinea. [Source](#)

The items above are by no means the only circumstances where the WHO has conducted a vaccination campaign that was immediately followed by a pathogen outbreak. The participants appear many: inevitably, there is a Rothschild-owned pharma or vaccine company, and Bill Gates and his Foundation. The WHO is always in attendance, as are (usually) UNICEF, the UNFPA, the UNDP, the World Bank, the ubiquitous Rockefeller Foundation, the US NIH and often the CDC as well, the Doctors Without Borders, and a few others. The Government of Norway was also a partner in the WHO’s sterilisation travesty, contributing more than \$40 million to develop the Tetanus-abortion vaccine.

5.5. A Chinese “Experiment”?



Dr Bernhard Schwartländer. [Source](#)

The WHO is also becoming active in China with alarming potential for disaster. As one example, **in late 2013, a number of newborn Chinese babies died immediately after being inoculated by the WHO against hepatitis B.** The WHO China representative, **Dr. Bernhard Schwartlander**, called China's program **"very successful"**, but I find myself with knowing

suspensions about his definition of 'success'. The infant deaths may indeed have been an unfortunate accident, but **I was not encouraged by Schwartlander's comment that it is "difficult to establish a causal link between the vaccines and the babies' deaths"**. Knowing the past history of the WHO and their infectious inoculations, the 'difficulty of establishing a causal link between the WHO vaccinations and civilian deaths', may have been the part that was 'successful'.

5.6. Back to Depopulation



In 2016, doctors in Kenya accused the WHO and Bill Gates of secretly trying to sterilise millions of women in Africa via a tetanus vaccine program. [Source](#)

Specifically on the sterilisation vaccine, the Bill & Melinda Gates Foundation has been heavily funding the distribution of tetanus birth-control vaccine in Africa by UNICEF, which is the agency that provided Kenya with the vaccine laced with hCG. Gates said: “The world today has 6.8 billion people. That’s heading up to about nine billion. Now if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by perhaps ten or fifteen percent.” The only way to interpret those words is through the anti-fertility vaccinations. And yes, Bill Gates really did say that, although there must be 25 or 30 websites now “fact-checking” this and claiming he was either taken out of context or that the videos have been “doctored or manipulated”. But I have seen the original video, and yes Bill Gates did say precisely that. The Rockefeller Foundation also heavily funded this vaccine research and distribution. [29] All this amounts to genocide on a planetary scale.

5.7. A Successful Genocide



Men in name only: New study shows testosterone levels in American males are dropping dramatically. Why would that be? [Source](#)

In April of 2023, the WHO released a comprehensive study which stated that around **one in six people worldwide are unable to conceive**, around 18% of the global population. [\[30\]](#) A landmark study found that **male sperm counts have fallen by 62% in the last 50 years, from 104 to 49 million per milliliter, more or less at the threshold of complete infertility.**

Given all of this effort worldwide, and the plethora of contaminated vaccines produced in the US (**including one that contaminated around 100 million Americans with a cancerous simian virus**), it is hardly a surprise that the WHO published a report that “reveals staggering infertility statistics”. The **Atlantic Magazine** followed with an article titled “**Sperm Counts Continue to Fall**“, [\[31\]](#) and one by **Science Direct** [\[32\]](#) and an op-ed by **RT** titled “**Men in name only**“. [\[33\]](#)

5.8. And Yet More . . .



There are many other strange things about the WHO. Yoichi Shimatsu pointed out that “the WHO sponsors the secretive **International Vaccine Institute (IVI)** in Seoul, which is headed by a US military officer named **Jerome Kim** who was formerly the head of the Molecular Virology and Pathogenesis Department at the Walter Reed Army Institute of Research in Rockville, Maryland, and that sitting on the Board of Directors of this WHO-IVI chimera is a **Dr. Claudio Lanata**, the science director of the US Naval “Medical Research Unit 6” (NAMRU-6) in Callao, Peru, which is a leading **military center for bioweapons research.**” If you are at all familiar with the MERS outbreak in South Korea, Shimatsu theorised that it may have been caused by a laboratory accident at the JUPITR biowarfare project which, given the odd behavior of the WHO, is quite likely. [\[34\]](#) [\[35\]](#)



New facts about the World Health Organisation that have destroyed trust. [Source](#)

Oddly, the WHO appeared quite unconcerned about this new potential epidemic, specifically stating it did not recommend the screening of passengers to or from Korea, and that no travel restrictions should be imposed. The WHO's Director-General, **Margaret Chan**, said she believed South Korea could control the spread of the disease without these restrictions. **One would have thought that with the worldwide panic still fresh in everyone's mind from the SARS experience only a few years prior, they would have taken a more cautious approach.** But then the WHO wasn't entirely cautious during the SARS outbreak either; **in Hong Kong, Margaret Chan specifically advised against taking many precautions, including screenings, isolations and quarantines, all advice that was later much resented because those precautions would have spared many lives.** In fact, it was Margaret Chan's curious combination of aloofness and what appeared to be outright incompetence and dishonesty that resulted in two politicians resigning and **Chan leaving Hong Kong in disgrace, only to come to rest as head of the WHO.**

But then only three days after a report stating no precautions should be taken, a team of WHO "experts" surprisingly stated that "The deadly MERS outbreak in South Korea" was "large and complex", and that "more cases should be anticipated". And in fact the disease had been spreading at an increasingly rapid pace, with 150 confirmed infections in less than one month. **At the time, it really seemed that the MERS outbreak did occur from an escape at the US biological**

weapons lab but that the WHO assumed the immediate quarantine of the military base would corral it, and thus their assurance that no restrictions were necessary. But then, it leaked, and hence the later “deadly MERS outbreak” warning that urged multiple restrictions of all kinds.

It was similar with SARS, where Margaret Chan and the WHO took a very strange stance, as if they expected the virus to just disappear. **I would remind you that SARS, although apparently intended for the Han Chinese in the mainland – and SARS was definitely a Chinese-specific virus, infecting almost no one else, it ended by being a Hong Kong epidemic.** The virus was released on the Mainland in Guangzhou, but the patient zero, unwittingly but immediately, traveled to Hong Kong, sparing the Mainland but giving Hong Kong an experience to remember.

[36] Still, Margaret Chan behaved as if SARS would quickly die in HK but continue to ravage the Mainland. **I see no other way to interpret her strange behavior, which would indicate the WHO knew a lot more about SARS than they were telling us.**

There was something else very strange, from the outbreak of swine flu in the US – the epidemic that wasn’t. For that event, **the WHO changed its definition of a “pandemic”** as soon as the first cases were reported, greatly alarming the scientific community. Prior to this, a pandemic was an event that would be expected to have “severe” consequences on a population, but now it encompassed a pathogen with “relatively mild symptoms”, and the WHO also lowered the threshold for the declaration of a pandemic. **Whatever the intention, the primary result was a financial windfall for the pharmaceutical industry, since vaccines would be mandatory.** In the event, billions were spent on a largely-useless vaccine for a non-existent pandemic, and which vaccines appeared to kill as many victims as did the virus itself. **It wasn’t a secret at the time, that the membership list of the WHO’s 16-member “Emergency Committee”, instrumental in changing the definitions and then declaring the pandemic, remained secret** – a lack of transparency strongly attacked by almost everyone. Since then, the information available indicates that the majority of these members have a vested interest in the pharmaceutical industry.

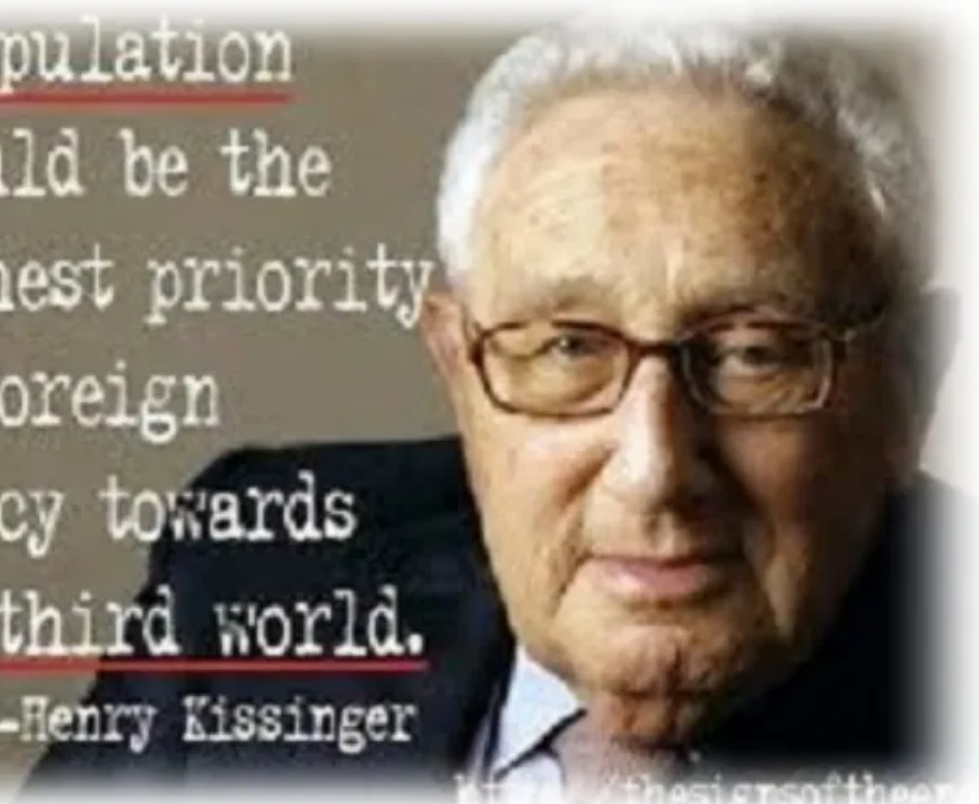
5.9. Epilogue

As shocking as the accusation might seem, there appears to be no shortage of claims (and evidence) from multiple informed and independent sources that **the WHO has two primary functions, the first as a tool for world population reduction on behalf of its masters in The City of London, and the second as a powerful marketing agent for big pharma, specifically the vaccine manufacturers (owned by the same people).** Many critics have pointed out that the ‘vaccination experts’ at the WHO are “dominated by the vaccine makers standing to gain from the enormously lucrative vaccine and antiviral contracts awarded by governments.” And indeed, the advisory and other committees involved with the WHO’s vaccine programs seem heavily populated with those who profit directly from those same programs.

Equally, the claims and concerns about population control and reduction are far from conspiracy theories today, with far too much evidence, some of it frightening, that this is indeed a major agenda of the WHO today. We have already seen too much hard evidence of this body’s involvement in both areas to justify dismissing the concerns as implausible fears. Moreover, **there is a disturbing list of individuals closely associated with the WHO, who have had either population reduction or mass vaccinations as a pet project.**

Depopulation
should be the
highest priority
of foreign
policy towards
the third world.

--Henry Kissinger



https://thesignsofthetemp...

It is difficult, on the basis of all the evidence, to avoid the conclusion that the WHO is an international criminal enterprise under the control of a core group of European Khazars in The City of London at its center which, as one writer noted, “provides the strategic leadership and funds the development, manufacturing and release of synthetic, man-made viruses solely to justify immensely profitable mass vaccinations”. We have seen so many instances of an unusual and apparently laboratory-made virus appearing without warning, the onset followed immediately by urgent worried pronouncements from the WHO of yet another mandatory mass vaccination.

We have the rampant production of viruses in secretive labs around the world, and the repeated “accidental” release of those into various populations (think ZIKA) – seemingly inevitably without explanation, apology, or even a semblance of actual investigation, much less censure or criminal or civil charges. We also have the blanket legal immunity for all pharma companies in their creation and dissemination of deadly pathogens by vaccination. **When we add into this mix the WHO’s history of criminality as with their now-famous tetanus/hCG international sterility program (the subject of this essay), the curious timing of the onset of AIDS, the release of SARS, MERS, and EBOLA, and the many occurrences of the WHO’s vaccination programs perfectly coinciding with a sudden outbreak of yet another unusual disease in the same areas and populations, one would have to be a hard-core ideologue to not become damned suspicious.**

And finally, we have a Croatian MP who says that the WHO Should Be Declared a Terrorist Organization: “Worse Than the WEF”. [\[37\]](#) His comments: “I would like to briefly make the people aware of the upcoming danger for humanity,” said Kolakusic. “The World Health Organization wants all countries to sign an agreement on handing over the authority to declare a pandemic, procure vaccines, and drugs. It will be healthier and safer for humanity to sign an agreement with the Colombian drug cartel. They know all about drugs for sure.”

There is much more to this story. You may care to read a companion piece titled, “The Pleasures of Depopulating the Earth”, to learn the origin and vast reach of this enterprise. [\[38\]](#)

Mr. Romanoff's writing has been translated into 32 languages and his articles posted on more than 150 foreign-language news and politics websites in more than 30 countries, as well as more than 100 English language platforms. Larry Romanoff is a retired management consultant and businessman. He has held senior executive positions in international consulting firms, and owned an international import-export business. He has been a visiting professor at Shanghai's Fudan University, presenting case studies in international affairs to senior EMBA classes. Mr. Romanoff lives in Shanghai and is currently writing a series of ten books generally related to China and the West. He is one of the contributing authors to Cynthia McKinney's new anthology 'When China Sneezes'. ([Chap. 2 — Dealing with Demons](#)).

His full archive can be seen at

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